

16805 U.S.PTO
012004

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	6117CE
	First Named Inventor	Steven Lee Barnholtz
	Original Patent Number	5,919,556
	Original Patent Issue Date (Month/Day/Year)	07/06/1999
	Express Mail Label No.	EU519366758US

100-761-00
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PTO
012004

APPLICATION FOR REISSUE OF: (Check applicable box)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
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APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		11. <input type="checkbox"/> Original Patent Grant <ul style="list-style-type: none"> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)		13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Citations 	
6. <input checked="" type="checkbox"/> Power of Attorney		14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96) 		15. <input checked="" type="checkbox"/> Preliminary Amendment	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
9. Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all of the following are necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 		17. Other: _____ _____ _____	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number.	27752	OR	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Stephen T. Murphy	Registration No. (Attorney/Agent)	42,917
Signature	_____ _____ _____ _____ _____		
Date	January 20, 2004		

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



1005 U.S.PTO

PTO/SB/56 (08-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
6117CE

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 18	(B) 18	**** 0 =	x \$ 9.00 =		or	x \$ 18.00 =
Independent claims (37 CFR 1.16(i))	(C) 1	(D) 1	* 0 =	x \$ 43.00 =			x \$ 86.00 =
			Basic Fee (37 CFR 1.16(h))		\$ 385.00	\$ 770.00	
			Total Filing Fee		\$ _____	OR	\$ 770.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 42	MINUS	** 20	* = 22	x \$ 9.00 =		x \$ 18.00 =	\$ 396.00
Independent Claims (37 CFR 1.16(i))	*** 1	MINUS	***** 1	= 0	x \$ 43.00 =			0
				Total Additional Fee		\$	OR	\$ 396.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number 162480 in the amount of \$1166.00
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 162480
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

January 20, 2004

Date

42,917

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

Stephen T. Murphy

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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